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Bib Data Sheet

CONFIRMATION NO. 5392

SERIAL NUMBE 10/638,554	FILING OR 371(c) DATE 08/12/2003 RULE	C	002	GROUP ART UNI 3765		UNIT	ATTORNEY DOCKET NO. 0100.0022C	
** CONTINUING E	lealy, Baltimore, MD; b, Ellicott City, MD; DATA ***********************************	***	≣ D					
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after Allowance Verified and Acknowledged Examiner's Signature Initials ADDRESS			STATE OR COUNTRY MD	SHEETS DRAWING 13		TOTAL CLAIMS 33		INDEPENDENT CLAIMS 6
27896 TITLE EAR WARMER HA	AVING A MEMBRANE FO	RMING A	RECEPTACL	.E				
RECEIVED N	RECEIVED No to charge/credit DEPOSIT ACCOUNT				☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit			